

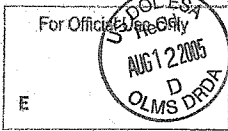
REVISED + UPDATED, 8/01/05, TO REPLACE EARLIER LM-3

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>5691</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>William J Schaller</u> P.O. Box, Bldg., Room No., if any Street <u>14920 RAMOS PLACE</u> City <u>PACIFIC PALISADES</u> State <u>CA</u> ZIP Code + 4 <u>90272-4460</u>	4. Name, file number, and address of labor organization. Name <u>SCREEN ACTORS GUILD</u> Labor Organization File Number <u>000113</u> <u>[AKA SAG]</u> P.O. Box, Building and Room Number, if any Street <u>5753 WILSHIRE BLVD.</u> City <u>LOS ANGELES</u> State <u>CA</u> ZIP Code + 4 <u>90036-3600</u>
5. Position in labor organization. <u>MEMBER OF BOARD OF DIRECTORS</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William J. Schaller

On

08/01/05
Date

(310) 459-2516
Telephone Number

Name of Person Filing WILLIAM J. SCHALLERT	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name SAG-PRODUCERS PENSION & HEALTH PLAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3601 W. OLIVE AVE. SUITE 200</p> <p>City BURBANK</p> <p>State CA ZIP Code + 4 91505</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name AS ABOVE, UNDER 8.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12 a. Nature of interest held or income received.</p> <p>SEE ATTACHED</p> <p>PAGES 3 AND 4.</p> <p>[AS A TRUSTEE OF THE P+H PLAN, I ATTENDED AN EDUCATIONAL SEMINAR IN WASHINGTON, D.C., ABOUT RELEVANT LEGISLATIVE ACTIVITY.]</p> <p>12.b. Amount. \$2,687.12</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

3601 W. Olive Avenue
Burbank, CA 91505
Phone: 818-973-4405
Fax: 818-953-2505

**Screen Actors Guild
Producers Pension &
Health Plans**

Fax

WILLIAM J. SCHALLERT FILE NUMBER U-

To: Mr. William Schallert **From:** Alice Cardenas
Fax: 310-459-3937 **Date:** August 3, 2005
Phone: **Pages:** 2 including cover sheet
Re: Form LM-30 Information-- **CC:**
REVISED

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

Dear Bill,

Attached is a revised list of payments and reimbursements made on your behalf by the Plans in 2004.

Please let me know if you have any additional questions.

Regards,

Alice

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Trustee Name: William J. SchallertFILE NUMBER V-

Paid Date	Type	Description	Source	Amount
04/16/2004	IFEBP - Washington Legislative Update	Registration & Hotel Deposit	Payment to vendor	1,340.00
05/24/2004	IFEBP - Washington Legislative Update	Hotel	Expense Report	916.47
06/04/2004	IFEBP - Washington Legislative Update	Transportation - BLS	Payment to Vendor	195.75
06/10/2004	IFEBP - Washington Legislative Update	Transportation - BLS	Payment to Vendor	234.90

2,687.12

INTERNATIONAL FOUNDATION OF
EMPLOYEE BENEFIT PLANS.

Note: If you attended the PIMCO anniversary dinner in July 2004, PIMCO has advised the Plans that the per person cost was \$199.00.

I DID NOT ATTEND.

William J. Schallert

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